



STATE OF NEBRASKA

DEPARTMENT OF SOCIAL SERVICES

KAY A. ORR
GOVERNOR

KERMIT R. McMURRY
DIRECTOR

September 27, 1990

Mr. Richard P. Brummel
Associate Regional Administrator for Medicaid
Federal Office Building, Room 227
601 East 12th Street
Kansas City, MO 64106

Dear Mr. Brummel:

This letter provides assurances supporting State Plan Amendment MS-90-18 regarding obstetrical and pediatric fee-for-service payment rates.

The method used to assure adequate practitioner participation in the provision of these services is a comparison to the 50 percent standard. For obstetrical services, the total of licensed obstetrical-gynecological and family practice physicians was used. For pediatric services, the total of the licensed pediatric and family practice physicians was used. For both services, the total licensed Nebraska practitioner count was taken from the most current Nebraska Department of Health data, the state licensing agency.

An unduplicated count of Medicaid participating providers is not readily available from Medicaid paid claims data. This is because individual physicians may practice in several different clinic locations. Therefore, a method to unduplicate the provider count was used. The practitioners in each specialty, using their unique license number, as a percentage of total provider numbers (including individuals, group practices, clinics, etc.) on the Medicaid provider file was applied to six months of paid claims data to unduplicate the count of service rendering providers.

The results are as follows, with the percentages in parenthesis indicating the participation rate of Medicaid providers.

	<u>State Total</u>	<u>Douglas Co. (Omaha)</u>	<u>Lancaster Co. (Lincoln)</u>	<u>Other</u>
Medicaid Obstetrical				
<u>Participating Providers</u>	<u>558</u>	<u>184</u>	<u>69</u>	<u>305</u>
Obstetrical Practitioners	686 - (81%)	256 - (71%)	93 - (74%)	337 - (90%)
Medicaid Pediatric				
<u>Participating Providers</u>	<u>633</u>	<u>236</u>	<u>77</u>	<u>320</u>
Pediatric Practitioners	727 - (87%)	284 - (83%)	97 - (79%)	346 - (92%)

MS 90-18

Approval Date 12/3/90

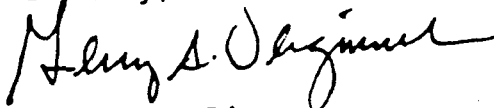
Effective Date 7/1/90

September 27, 1990
Page Two

The Medicaid participation rates range from a low of 74% of the Lancaster County obstetrical providers to a high of 92% of the non-metro pediatric providers. The percentages clearly indicate that Nebraska meets the 50 percent standard for both obstetrical and pediatric provider practitioner participation in all areas of the state. The State assures that the obstetrical and pediatric services (for which rates are listed in MC-90-18) are available to Medicaid clients at least to the extent that the services are available to the general population in the same geographic area.

Questions regarding this letter of assurance may be directed to Melvin Clother in our Medical Services Division.

Sincerely,



for Deb Thomas, Director
Nebraska Department of Social Services

MC:RR0268W

MS 90-18

Approval Date 12/3/90

Effective Date 7/1/90



STATE OF NEBRASKA

DEPARTMENT OF SOCIAL SERVICES

KAY A. ORR
GOVERNOR

KERMIT R. McMURRY
DIRECTOR

March 27, 1987

Mr. Edward M. Brennan
Associate Regional Administrator
for Program Operations
Room 225, Federal office Building
601 East 12th Street
Kansas City, MO 64106

Dear Mr. Brennan:

The enclosed State Plan Amendment, MS-87-5, deals with optional targeted case management services under Section 1915(g) of the Social Security Act. The State of Nebraska makes the following assurances regarding these services.

The State assures that persons eligible for case management services may obtain those services from any enrolled provider of case management services as required by Section 1902(a)(23) of the Social Security Act.

The State assures that payments for optional targeted case management services will not duplicate payments for institutional services that contain costs for case management activities or payments made to public agencies or private entities under other program authorities for the same purpose.

Although Nebraska does not have an approved home- and community-based service waiver at this time, the State assures that at such time as a waiver is approved, the provision of optional case management services under Section 1915(g) of the Social Security Act will be distinguished from any case management services provided as part of the home- and community-based service waiver authorized under Section 1915(c) of the Act.

If you have any questions regarding this state plan amendment, please contact Mary Jo Iwan at (402) 471-9345.

Sincerely,

Kermit R. McMurry, Director
Nebraska Department of Social Services

NS:CC7085I

Enclosure

cc: Medical Services
Manuals Review
John Woody

State Plan T# 87-5 Effective Date 11/1/87
Supersedes T# _____ Approval Date 4/8/88



STATE OF NEBRASKA

DEPARTMENT OF SOCIAL SERVICES

KAY A. ORR
GOVERNOR

89 NOV 15 AM 10:03

KERMIT R. McMURRY, Jr.
DIRECTOR

November 8, 1989

Mr. William R. Blake, Jr.
Associate Regional Administrator
Room 227, Federal Office Building
601 East 12th Street
Kansas City, MO 64106


Dear Mr. Blake:

As required by the Federal Regulations that establish procedures for determining upper limits on payments for drug products, the Nebraska Department of Social Services is hereby providing its annual notification and assurance that its Pharmacy Program continues to comply with these regulations. The Department has not exceeded, in the aggregate, the upper limit payment levels for the multiple source drug products identified and listed in accordance with 6305.1.A and that payment levels for all "other drugs" are in the aggregate, in accordance with the respective requirements noted in 6301.1.B.

As required by 42 CFR 447.333(b), the Department has made separate and distinct findings for both multiple source drug products listed in 6305.1.A and for all "other drugs." The Department is currently operating under an approved State Plan for prescribed drugs dated October 29, 1987, and has provided previous letters of assurance on October 27, 1987, and January 4, 1989.

As required by 42 CFR 447.333(c), the Department will furnish on request, all data, computations, and pertinent records necessary to support these findings and assurances.

Sincerely,


Kermit R. McMurry, Director
Nebraska Department of Social Services

DS:KK9312A

State Plan TNA 89-09

Effective Date 10/01/89

Supersedes TNA _____

Approval Date 12/06/89

P.O. BOX 95026, LINCOLN, NEBRASKA 68509-5026, PHONE (402) 471-3121
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



STATE OF NEBRASKA

HHS
HCFA MEDICAID
DEPARTMENT OF SOCIAL SERVICES
REGION VII

KAY A. ORR
GOVERNOR 89 JAN -9 AM 11:52

KERMIT R. McMURRY
DIRECTOR

January 4, 1989

Drugs

File copy
~~*Schmidt*~~
COPY TO
SO
JD
BS

→ Original to SOB
File SC50
(Drugs)

Mr. William R. Blake, Jr.
Associate Regional Administrator
Room 227, Federal Office Building
601 East 12th Street
Kansas City, MO 64106

Dear Mr. Blake:

As required by the Federal Regulations that establish procedures for determining upper limits on payments for drug products, the Nebraska Department of Social Services is hereby providing its annual notification and assurance that its pharmacy program continues to comply with these regulations. The Department has not exceeded in the aggregate, the upper limit payment levels for the multiple source drug products identified and listed in accordance with 6305.1.A and that payment levels for all "other drugs" are in the aggregate, in accordance with the respective requirements noted in 6301.1.B.

As required by 42 CFR 447.333(b), the Department has made separate and distinct findings for both multiple source drug products listed in 6305.1.A and for all "other drugs". The Department currently is operating under an approved state plan dated October 29, 1987, that outlines the methods and standards used to establish payment rates for all prescribed drug products. This state plan was approved based upon the Department's initial letter of assurance dated October 27, 1987.

As required by 42 CFR 447.333(c), the Department will furnish on request, all data, computations, and pertinent records necessary to support these findings and assurances.

Sincerely,

KRM
Kermit R. McMurry, Director
Nebraska Department of Social Services

DS:KK8365L

** Please contact the*
Pharmacist/medical Director (?)
in your State(s) and ask for this to
come in ASAP. The SMRM clearly spells
out this is due in the RO by 12/31 of each
Year.

Assurances
50B
STATE OF NEBRASKA

DEPARTMENT OF SOCIAL SERVICES

KAY A. ORR
GOVERNOR

KERMIT R. McMURRY
DIRECTOR



October 27, 1987

Ed Brennan
Associate Regional Administrator
Federal Office Building, Room 225
Division of Program Operations
601 East 12th Street
Kansas City, MO 64106

Pam - CMSph.
Type 402
"Phor
New Regs"
assign to
35 + 2/dys
BA
11/2

Dear Mr. Brennan:

In response to the new Federal Regulations establishing procedures for determining upper limits on payments for drug products that were published on July 31, 1987 (52 Fed. Reg. 28648), the Nebraska Department of Social Services is hereby providing notification and assurance that its pharmacy program will not exceed in the aggregate, the upper limit payment levels for the multiple source drug products identified and listed in accordance with §6305.1.A and that payment levels for all "other drugs" are in the aggregate, in accordance with the respective requirements noted in §6301.1.B. We will, therefore, pay no more than the upper limits, in accordance with 42 CFR 447.304(a), since as required by 42 CFR 447.304(c), FFP is unavailable for payments for services that exceed the upper limits.

As required by 42 CFR 447.333(b), the Department has made separate and distinct findings for both multiple source drug products listed in §6305.1.A and for all "other drugs". The findings on payment levels for other drugs have been determined by a statistically valid survey conducted by an outside source. The findings on payment levels for the multiple source drug products have been determined by calculating actual drug cost expenditures, projecting drug cost expenditures on those products for the calendar year 1987, and then comparing what drug cost expenditures would be under the new federal payment limits. This has resulted in adjusting our pricing methodology to insure that we will not exceed, in the aggregate, expenditures on these products for calendar year 1987.

Also, as required by 42 CFR 447.333(c), we will upon request supply all data, surveys, comparisons, computations, and any other pertinent records to support these findings and assurances.

Sincerely,

Kerm
Kermit R. McMurry, Director
Nebraska Department of Social Services

(? SPA needed)

DS:GG72962

State Plan TN# 87-18
Supersedes TN# 86-22

Effective Date 10/29/87
Approval Date 12/22/87